



Thank you for your interest in volunteering at the Children's Museum of Tacoma. At the Children's Museum of Tacoma we want to ensure that every child and family can come play, so we offer *Pay As You Will* admission. Eliminating cost barriers means the Museum has a greater capacity to reach more families, engage more children in playful learning and support more parents. This is why we rely on volunteer support. To learn a little more about the Children's Museum of Tacoma, I encourage you to visit our website if you have not already at www.playtacoma.org

Once I receive your completed original application and background check form, our next step will be to set up an informational interview that usually last about 40 minutes to one hour where I will give you an orientation and overview of the Children's Museum of Tacoma. We will further discuss your volunteer interests and available time commitment in order to find the best fit. For those who are 18 years of age or older, there is an additional background check process we will take care of during our meeting if you are interested in volunteering with children and families in the museum or at our programs. For those under the age of 18, if your parent cannot come to the interview please have them send me an email letting me know that they support your volunteer commitment and that they have read and signed all of the paperwork below.

While we ask for a 40-hour or six month time commitment on the application, this is not a requirement; we are very flexible with scheduling. We understand that you have other commitments and responsibilities. We desire to honor those and are simply thankful for your gift of time. Some volunteers work every week, some once a month. You decide the amount of time you are willing to give and we work with you to make that schedule happen.

I will contact you when I receive your application. Thank you again, for your interest in the Children's Museum of Tacoma!

Best regards,
Jen

[Celebrating the Power of Play in the Lifelong Journey of Learning](#)

Jen McDonald
Volunteer Coordinator
Children's Museum of Tacoma
1501 Pacific Avenue, Suite 202
Tacoma, WA 98402
w 253.627.6031 x 231
f 253.627.2436
jmcdonald@playtacoma.org



Volunteer/Intern Application

The success of the Children's Museum of Tacoma relies on the efforts of volunteers and we are grateful for your energy and time.

In order to schedule an interview, please return this form and signed background check waiver to:

Children's Museum of Tacoma
Attn: Jen McDonald, Volunteer Coordinator
1501 Pacific Avenue, Suite 202
Tacoma, WA 98402

If you have any questions please contact Jen McDonald at
253-627-6031 x231 or jmcdonald@playtacoma.org

PERSONAL INFORMATION:

Date: _____

Name: _____

Maiden Name or other Names used: _____

Birth Date: _____ Choose One: M F

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Best Time to Call: _____

Email: _____ Occupation: _____

T-Shirt Size: S M L XL

EDUCATIONAL BACKGROUND:

High School: _____ Graduation date or years completed: _____

College: _____ Graduation date or years completed: _____

Degree/Major: _____

Graduate Study: _____ Graduation date or years completed: _____

Degree/Major: _____

Service hours needed? Yes No How many hours? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone (day): _____ (evening): _____

Name: _____ Relationship: _____

Phone (day): _____ (evening): _____

Do you have any allergies or medical conditions we should be aware of? If yes, please describe.

INTERESTS:

Please list any personal interests, hobbies, talents, etc that you could contribute through volunteering at the Children's Museum of Tacoma (i.e. Are you an artist? Singer? Photographer? Computer literate? Speak a foreign language?)

Please select the areas of volunteering you are interested in:

Exhibits Programs Floor/Reception Administrative Support Database Special Events
Play Guide/Docent Group Visit Host Membership Assistant

Other (please specify): _____

AVAILABILITY:

We request that you make a 6-month, 40 hour commitment to the Museum.
Can you do this? If no, please explain.

Please select when you are available to volunteer:

M	T	W	Th	F	Sat	Sun	Mornings	Afternoons	Evenings		
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

How many hours per week can you volunteer? _____

Date available to begin volunteering: _____

PLEASE BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

Why do you want to volunteer at the Children's Museum of Tacoma?

Do you have experience working with children? If yes, please describe:

Please describe any other volunteer experience you have had, including the name of the organization.

How did you hear about volunteer opportunities at the Children's Museum of Tacoma?

INSURANCE DISCLAIMER

Children's Museum of Tacoma volunteers are NOT covered by the Museum's insurance/compensation program. By signing below, you agree to assume all risks and release the Children's Museum of Tacoma and personnel from any harm or damage. Upon acceptance as a volunteer at the Children's Museum of Tacoma, you are encouraged to have your own health insurance in the event of an injury. By signing below, indicates that you also give consent for the museum to seek medical attention in case of emergency.

I have read and understand the Museum's injury policy for volunteers.

Signature (if under 18, guardian please sign): _____

Photo Release

I grant permission to the Children's Museum of Tacoma to use photographs taken of the persons named below on the date and at the location listed for the use of promoting the Museum, its exhibits and programs. I acknowledge the Children's Museum of Tacoma may use promotional materials that include but are not limited to brochures, newsletters, posters, and electronic versions of the same publications on the Museum's website or other electronic forms of media. I hereby authorize the Museum to offer the photos for use or distribution in other non-museum publications for promotional reasons without notifying me.

I hereby waive any right to inspect or approve the finished photographs in printed or electronic matter, now or in the future, as well as other photographs that may be used in conjunction with my own, whether that use is known to me or not. This includes any right to royalties or other compensation arising from or related to the use of photographs.

Furthermore I agree to release, defend, and hold harmless the Children's Museum of Tacoma, including any firm publishing and / or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs. This includes but is not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product and its publication or distribution.

By signing below I certify that I have read this release and fully understand the contents, meaning and impact herein. I understand that I am free to address any specific questions regarding this release prior to signing and that my failure to do so will be interpreted as a free and knowledgeable acceptance of the stated terms.

Volunteer Assistant

Your Name: _____ Your Signature: _____

If under 18 year of age:

Parent/Guardian Printed

Parent/Guardian Signature

Parent/Guardian Phone #: _____



Background Check

Thank you for your interest in Volunteering at the Children's Museum of Tacoma. As a part of the process, we are required to conduct background checks of applicants through the Washington State Patrol. The Museum also requires your answers to the following questions.

The Children's Museum of Tacoma needs your written permission to proceed with this background check. By signing below, you indicate your consent for the Children's Museum of Tacoma to perform this check.

Printed Name (First, Middle Initial, Last)

Birth Date

Maiden Name

Signature (If under 18, guardian please sign)

The Revised Code of Washington (43.43.834) requires each applicant to disclose the answers to the following questions to the Children's Museum of Tacoma. If your answer to any question is yes, please provide details.

- | | | | |
|----|--|---|---|
| 1. | Have you ever been convicted of any crime against children or other persons? | Y | N |
| 2. | Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? | Y | N |
| 3. | Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830? | Y | N |
| 4. | Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? | Y | N |
| 5. | Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? | Y | N |
| 6. | Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? | Y | N |
| 7. | Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? | Y | N |

Revised 10/8/15

Check completed: Y / N Date:
Staff Member Initial: